

A/P Tool for Learners

Goals: The act of writing the assessment and plan, will help the student clarify their thinking and fine-tune their diagnostic list. It enhances problem solving. This is where students are given the opportunity to communicate their thinking process in a clear and concise manner. The A/P portion of a note is often the part most read by colleagues or consultants who refer to prior notes. It is meant to summarize what was felt to be “going on” with the patient and what was done for the patient.

1) After the PE write a **“gist” or “summary” statement** that is the “essence of the case”. Make sure this has what is pertinent from the Hx, PE, as well as labs. This should be short. Use adjectives (*severe, acute, crampy* abdominal pain). Usually we do not include the negatives in this statement unless it is exceptionally important or changes the way you are thinking.

Often included is:

- a) Age and sex
- b) Context
- c) The most salient features of the case that help you make a diagnosis. Features that help distinguish one disease on the differential from another.

Ex: *39 y/o homeless female smoker with a history of hypertension presents with a cough, low-grade fever and shortness of breath.*

2) **Problem list.** This should include all active problems currently be monitored or treated. Symptoms are not meant be listed individually and dealt with as separate problems, unless they represent different disease processes.

Ex: *a) cough, fever, shortness of breath*

b) Homelessness

c) Tobacco abuse

d) Hypertension

3) **Assessment/Plan:** Discuss the conditions from the most likely to the least likely, as well as any conditions you do not want to miss. When we say "least likely" we still mean conditions that are reasonable possibilities. When you describe how likely the condition is we are really interested in, “How likely is the condition in THIS case?” Do not copy this from a textbook. You are really considering, “What data in THIS patient makes them more or less likely to have the condition you are addressing?”

a. Problem #1:

1. Most likely condition is...

i. In favor of this is:

(a)

(b)

(c)

ii. Making it less likely is:

(a)

(b)

(c)

2. Also likely is...

i. In favor of this is:

(a)

(b)

(c)

- ii. Making it less likely is:
 - (a)
 - (b)
- 3. Etc. Continue with this until all reasonable possibilities have been explained.
- 4. **Plan:** Plan (This should not be “everything” you would do to w/u every disease. It should Be what you want to do for *this* patient at *this* time).

When discussing the plan remember, a plan has three components:

- What do you need to do to make the diagnosis? (lab, x-ray, a consult?)
- What do you need to do to treat the patient? (stop or start a medication, ancillary services (PT, OT, audiology), other modalities (a joint injection?).
- Follow-up or monitoring? (when will the pt be seen again, when and for what should they call?).

- b. Each problem on your list that requires a differential gets a full A/P.
- c. Other problems on the list i.e. stable issues, require only a plan.

For example:

I) **Cough, fever shortness of breath:**

- A) Pneumonia: Given that this patient has developed her symptoms rather acutely over the past two days she is most likely to have a pneumonia.
- B) Malignancy: Given that she has a long smoking history and gets little medical care, one must also consider that she has a malignancy. The most common presentation for lung cancer is cough or hemoptysis but it can obstruct an airway leading to a pneumonia. A pneumonia can obscure a malignancy on CXR. Thus if the CXR suggests pneumonia, because of the sudden onset, will treat for pneumonia but need to follow up with a CXR after the acute symptoms have resolved.
- C) HIV: Given her homelessness, she is considered to be higher risk for HIV. This pulmonary problem could be an HIV related complication, and since her status is unknown, she should be encouraged to get testing.
- D) Pulmonary Embolus: Finally, while a PE is less likely (no immobilization, no past history of PE or DVT, and has no tachycardia or leg pain, on presentation), if she does not improve, she should be evaluated with a spiral CT and a doppler of her lower extremities.
- E) **Plan:**
 - 1) Diagnosis:
 - a. Chest x-ray looking for an infiltrate or mass
 - b. Encourage HIV testing
 - 2) Treatment:
 - a. Levaquin and erythromycin for antibiotic coverage
 - b. Reduce or d/c smoking
 - c. Supplemental O2 as needed
 - 3) Monitor:
 - a. Follow temps, RR's, lung exam.

II) **Homelessness:** Discuss housing options with pt. Connect her with resources for ongoing medical care.

III) **Tobacco Abuse:** Encourage quitting. Provide resources, information, patch if pt. desires

IV) **Hypertension:** Stable on HCTZ, continue current regimen of 25 mg. QD.